2005 Overview of Community Services Delivery in Virginia

This **Overview of Community Services Delivery in Virginia** contains a description of the structure through which community mental health, mental retardation, and substance abuse services are provided to Virginians with mental illnesses, mental retardation, or substance use disorders (alcohol or other drug dependence or abuse). The overview is divided into four sections:

- a **summary** of the overview;
- several ways of **classifying community services boards** (CSBs);
- descriptions of the **composition** of CSB boards of directors, a listing of **CSB responsibilities**, and a discussion of **CSB roles**; and
- **information** about **consumers** served and **services** delivered by CSBs in Fiscal Year (FY) 2004, the latest year for which is data available.

The 2005 General Assembly revised Title 37.1 of the *Code of Virginia* that governs the provision of mental health, mental retardation, and substance abuse services. The result, Title 37.2, is effective on October 1, 2005. All *Code* references in this overview list the Title 37.2 citation first, followed by the old Title 37.1 citation in parentheses.

Table of Contents	Page
Overview Summary	2
Establishment of the Community Services Boards (table)	3
Community Services Boards Map	4
Listing of CSBs by Health Planning Region (table)	5
Combined Classification of CSBs: Budget Size and Population Density (table)	6
Community Services Board Populations (tables)	7
Community Services Boards Classifications	9
Number of Localities Served	9
Total Community Services Board Budget (tables)	10
Population Density: Urban and Rural CSB Service Areas (table)	12
Combined Characteristics of CSBs: Budget Size, Population Density,	13
Population Size, and Type of CSB (table)	13
CSB Relationship with Local Government: Types of CSBs	14
Community Services Board Staffing (table)	16
Board Composition, Responsibilities, and Roles	17
Community Services Board (CSB) Board Composition (tables)	17
Relationships Between CSBs and the Department	20
Community Services Board Responsibilities and Roles	20
Community Services Board Services	24
Trends in Consumers Served by Community Services Boards (table)	24
Table 1: FY 2004 CSB Consumers Served by Core Service	25
Table 2: FY 2004 CSB Static Capacities by Core Service	26
Table 3: FY 2004 CSB Services Provided by Core Service	27
Table 4: FY 2004 Unduplicated Numbers of Consumers Served	28
by Age and Gender by Program Area	28
Table 5: FY 2004 Unduplicated Numbers of Consumers Served	28
by Race and Gender by Program Area	20

¹ Throughout this overview, substance use disorder names a condition that a person has, while substance abuse names the services used to treat the disorder.

1.

06-01-2005

Public community mental health, mental retardation, and substance abuse services are provided in Virginia by community services boards (CSBs), behavioral health authorities (BHAs), or local government departments with policy-advisory CSBs. All of these organizations function as:

- single points of entry into publicly funded mental health, mental retardation, and substance abuse services, including access to state hospital and training center (state facility) services;
- service providers, directly and through contracts with other providers;
- advocates for consumers¹ and other individuals in need of services;
- community educators, organizers, and planners;
- advisors to the local governments that established them; and
- local focal points for programmatic and financial responsibility and accountability.

Section 37.2-100 (§ 37.1-194.1) of the *Code of Virginia* defines three types of CSBs: operating CSBs, administrative policy CSBs, and policy-advisory CSBs with local government departments. Chapter 6 in Title 37.2 (chapter 15 in Title 37.1) of the *Code of Virginia* authorizes behavioral health authorities (BHAs) in three localities; a BHA now exists only in Richmond. In this overview, CSB or community services board means community services board, BHA, and local government department with a policy-advisory CSB, unless the context clearly indicates otherwise.

Operating and administrative policy CSBs and BHAs are guided and administered by boards of directors with statutory fiduciary and management authority and responsibilities. Boards of directors consist of six to 18 people who are appointed by the city councils and county boards of supervisors that established the CSBs or BHAs. A local government department with a policy-advisory CSB is advised by that CSB. Currently, 489 citizens serve as board members on the 40 CSBs. CSB includes the board members and the organization that provides services, unless the context clearly indicates otherwise.

CSBs are not part of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's system of public mental health, mental retardation, and substance abuse services. The Central Office, State Facility, and CSB Partnership Agreement, available at www.dmhmrsas.virginia.gov, describes this arrangement. Operating CSBs and BHAs are agents of the local governments that established them, but they are not city or county government departments. Most administrative policy CSBs are city or county government departments. The Department's relationships with all CSBs are based on the community services performance contract, applicable provisions in Title 37.2 of the *Code of Virginia*, and State Mental Health, Mental Retardation and Substance Abuse Services Board (State Board) policies and regulations. The Department contracts with, funds, monitors, licenses, regulates, and provides consultation to CSBs.

Beginning in the late 1940s, the Department established and operated mental hygiene clinics across the state to provide local mental health services. Eventually, the Department transferred all of these clinics to CSBs. In 1968, the General Assembly enacted Chapter 10 of Title 37.1, the CSB enabling legislation. Arlington and Prince William Counties established the first two CSBs in 1968. Today, 40 CSBs provide services to people in all 134 cities or counties in Virginia. The table on the next page shows the date on which each CSB was created, and the map on the page after that shows its location. Please contact Paul R. Gilding, the Department's Director of Community Contracting, at (804) 786-4982 or paul.gilding@co.dmhmrsas.virginia.gov, with any questions about this Overview.

¹ Section 37.2-100 (§ 37.1-1) of the *Code of Virginia* defines a consumer as a current direct recipient of public or private mental health, mental retardation, or substance abuse treatment or habilitation services. Consumers have been referred to as clients, patients (in state hospitals for individuals with mental illnesses), or residents (in state training centers for individuals with mental retardation); Title 37.2 replaces all of these terms with consumer.

2005 Overview of Community Services Delivery in Virginia

Order	Establishment of the Community Services Boards ¹	Map Key ²	Date
7	Alexandria Community Services Board	1	03-25-69
37	Alleghany Highlands Community Services	2	12-08-81
2	Arlington Community Services Board	3	11-23-68
4	Blue Ridge Behavioral Healthcare	4	01-20-69
8	Central Virginia Community Services	5	04-18-69
12	Chesapeake Community Services Board	6	05-24-69
21	Chesterfield Community Services Board	7	08-11-71
17	Colonial Services Board	8	01-05-71
34	Crossroads Services Board	9	12-06-73
25	Cumberland Mountain Community Services	10	06-07-72
31	Danville-Pittsylvania Community Services	11	10-31-72
39	Dickenson County Behavioral Health Services	12	06-24-82
33	District 19 Community Services Board	13	09-18-73
20	Eastern Shore Community Services Board	14	07-26-71
3	Fairfax-Falls Church Community Services Board	15	01-15-69
38	Goochland-Powhatan Community Services	16	04-12-82
18	Hampton-Newport News Community Services Board	17	02-23-71
24	Hanover County Community Services Board	18	05-31-72
23	Harrisonburg-Rockingham Community Services Board	19	03-24-72
15	Henrico Area Mental Health & Retardation Services	20	07-09-69
32	Highlands Community Services	21	10-31-72
11	Loudoun County Community Services Board	22	05-20-69
35	Middle Peninsula-Northern Neck CSB	23	02-28-74
28	Mount Rogers Community MH&MR Services Board	24	09-21-72
14	New River Valley Community Services	25	07-01-69
6	Norfolk Community Services Board	26	03-09-69
36	Northwestern Community Services	27	06-25-74
29	Piedmont Community Services	28	10-16-72
26	Planning District One Behavioral Health Services	29	07-28-72
9	Portsmouth Dept. of Behavioral Healthcare Services	30	04-22-69
1	Prince William County Community Services Board	31	11-21-68
16	Rappahannock Area Community Services Board	33	06-09-70
30	Rappahannock-Rapidan Community Services Board	32	10-30-72
5	Region Ten Community Services Board	34	02-03-69
10	Richmond Behavioral Health Authority	35	04-28-69
40	Rockbridge Area Community Services Board	36	10-14-82
27	Southside Community Services Board	37	09-13-72
19	Valley Community Services Board	38	06-15-71
13	Virginia Beach Department of MH/MR/SA Services	39	06-20-69
22	Western Tidewater Community Services Board	40	12-01-71

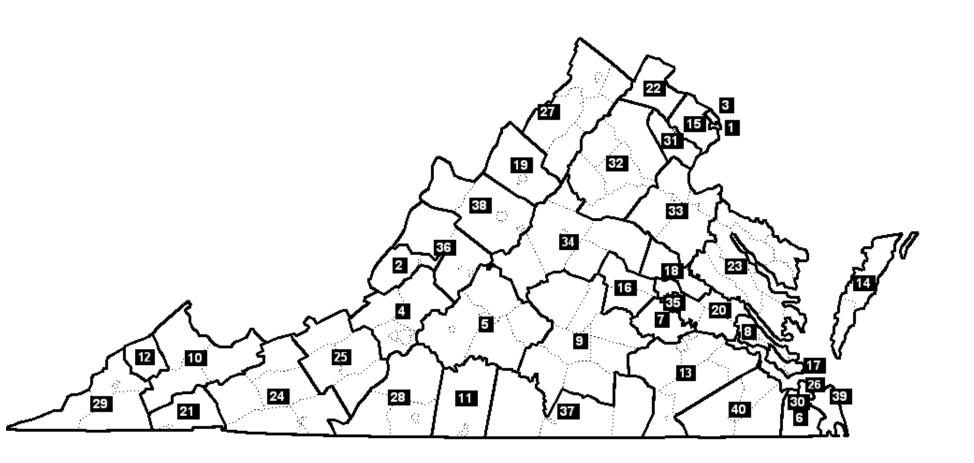
¹ Information about each CSB (names of the executive director and board chairman, address, telephone and fax numbers, e-mail address, and cities and counties served) is contained in the CSB Address List, available on the Department's web site at www.dmhmrsas.virginia.gov.

3.

06-01-2005

² Each CSB's location is shown with the corresponding map key number on the map on the next page.

2005 Overview of Community Services Delivery in Virginia



The following table lists CSBs by health planning region. Health planning regions (HPRs) are the geographical areas in Virginia that are covered by regional health planning agencies. These agencies are responsible for health planning activities under Title 32.1 of the *Code of Virginia*, including reviewing and approving certificates of public need for certain health care facilities, such as hospitals. The Department adopted the HPRs as a way of grouping CSBs regionally across the state.

	T'A' COD-1 - II - II DI ' - D - ' - /IIDD\
	Listing of CSBs by Health Planning Region (HPR)
	Harrisonburg-Rockingham Community Services Board
HPR 1	Northwestern Community Services
Northwestern	Rappahannock Area Community Services Board
Virginia	Rappahannock-Rapidan Community Services Board
(7 CSBs)	Region Ten Community Services Board
(7 CSDS)	Rockbridge Area Community Services Board
	Valley Community Services Board
	Alexandria Community Services Board
HPR 2	Arlington Community Services Board
Northern Virginia	Fairfax-Falls Church Community Services Board
(5 CSBs)	Loudoun County Community Services Board
	Prince William County Community Services Board
	Alleghany Highlands Community Services
	Blue Ridge Behavioral Healthcare
	Central Virginia Community Services
HPR 3	Cumberland Mountain Community Services
Southwestern	Danville-Pittsylvania Community Services
	Dickenson County Behavioral Health Services
Virginia (11 CSBs)	Highlands Community Services
(11 CSDS)	Mount Rogers Community MH & MR Services Board
	New River Valley Community Services
	Piedmont Community Services
	Planning District One Behavioral Health Services
	Chesterfield Community Services Board
	Crossroads Services Board
IIDD 4	District 19 Community Services Board
HPR 4	Goochland-Powhatan Community Services
Central Virginia	Hanover County Community Services Board
(8 CSBs)	Henrico Area Mental Health & Retardation Services
	Richmond Behavioral Health Authority
	Southside Community Services Board
	Chesapeake Community Services Board
	Colonial Services Board
	Eastern Shore Community Services Board
-	Hampton-Newport News Community Services Board
HPR 5	Middle Peninsula-Northern Neck Community Services Board
Eastern Virginia	Norfolk Community Services Board
(9 CSBs)	Portsmouth Department of Behavioral Healthcare Services
	Virginia Beach Department of Mental Health, Mental Retardation, and
	Substance Abuse Services
	Western Tidewater Community Services Board
	1 Toblem Tidewater Community Services Board

5.

06-01-2005

The Department first funded local services through CSBs in Fiscal Year (FY) 1971, distributing \$480,078 to 14 CSBs. In FY 2004, the Department disbursed \$210 million of state and federal funds to 40 CSBs. Also, more than \$180 million of state funds matched federal Medicaid reimbursements for state plan option, targeted case management, and mental retardation waiver services.

CSBs exist to provide individualized, effective, flexible, and efficient treatment, habilitation, and prevention services in the most accessible and integrated yet least restrictive settings possible. CSBs provide services to improve the quality of life for people with mental illnesses, mental retardation, or substance use disorders, responding to their expressed needs and preferences. CSB services draw upon all available community resources and people's natural supports, such as family, friends, and work or school, support the recovery, self-determination, empowerment, and resilience of consumers, and assist consumers to realize their fullest potentials. Community services are provided through a diverse network of CSBs and their directly operated and contractual services. Eleven CSBs serve one city or county; 29 CSBs serve from two to 10 localities. CSBs offer varying combinations of nine core services: emergency, local inpatient, outpatient, case management, day support, employment, residential, prevention and early intervention, and limited services. Only emergency services and, subject to funds appropriated for them, case management services are mandated by § 37.2-500 (§ 37.1-194) of the *Code of Virginia*. Core services are defined in the Core Services Taxonomy, available on the Department's web site at www.dmhmrsas.virginia.gov.

Comb	Combined Classification Of CSBs: Budget Size and Population Density						
Budget Size & Population Density	Operating CSBs (28) Behavioral Health Authority (1)	Administrative Policy CSBs (10 Local Government Department with Policy-Advisory CSB (1)					
Large Budget Urban CSBs (8)	Blue Ridge, Hampton-Newport News, Richmond BHA	Alexandria, Chesterfield, Fairfax- Falls Church, Henrico Area, Virginia Beach					
Large Budget Rural CSB (2)	Central Virginia, Region Ten						
Medium Budget Urban CSBs (7)	Colonial, Norfolk, Rappahannock Area	Arlington, Chesapeake, Loudoun County, Prince William County					
Medium Budget Rural CSBs (12)	Crossroads, Cumberland Mountain, Danville-Pittsylvania, District 19, Middle Peninsula-Northern Neck, Mount Rogers, New River Valley, Northwestern, Piedmont, Rappahannock-Rapidan, Valley, Western Tidewater						
Small Budget Urban CSB (2)		Hanover County, Portsmouth DBHS					
Small Budget Rural CSBs (9)	Alleghany Highlands, Dickenson, Eastern Shore, Goochland-Powhatan, Harrisonburg- Rockingham, Highlands, Planning District One, Rockbridge Area, Southside						

Budget Size is based on FY 2004 fourth quarter performance contract reports: Large = \$19 million plus; Medium = \$9 million to \$19 million; Small = less than \$9 million

Population Density: Urban = 150 people or more per square mile; Rural = less than 150 people per square mile. Population statistics are based on the 2003 Final Estimates, Weldon Cooper Center for Public Service at the University of Virginia (official state population figures)

Community Services Board Populations (2003 Final Estimates, Weldon Cooper Center at UVA)					
Community Services Board	Population	Area	Density	U/R	
Alexandria Community Services Board	134,100	15.3	8,765	Urban	
Alleghany Highlands Community Services	23,000	453.4	51	Rural	
Arlington Community Services Board	193,700	25.9	7,479	Urban	
Blue Ridge Behavioral Healthcare	241,400	1,181.0	204	Urban	
Central Virginia Community Services	230,100	2,124.5	108	Rural	
Chesapeake Community Services Board	206,600	340.7	606	Urban	
Chesterfield Community Services Board	275,400	425.7	647	Urban	
Colonial Services Board	137,700	272.6	505	Urban	
Crossroads Services Board	98,300	2,761.4	36	Rural	
Cumberland Mountain Community Services	98,700	1,498.4	66	Rural	
Danville-Pittsylvania Community Services	107,700	1,014.0	106	Rural	
Dickenson County Behavioral Health Services	16,200	332.7	49	Rural	
District 19 Community Services Board	169,100	1,931.4	88	Rural	
Eastern Shore Community Services Board	51,500	662.0	78	Rural	
Fairfax-Falls Church Community Services Board	1,037,400	403.8	2,569	Urban	
Goochland-Powhatan Community Services	43,200	545.8	79	Rural	
Hampton-Newport News CSB	324,900	120.1	2,705	Urban	
Hanover County Community Services Board	92,800	472.8	196	Urban	
Harrisonburg-Rockingham CSB	112,200	868.8	129	Rural	
Henrico Area Mental Health & Retardation Services	296,100	630.4	470	Urban	
Highlands Community Services	68,500	575.8	119	Rural	
Loudoun County Community Services Board	224,500	519.9	432	Urban	
Middle Peninsula-Northern Neck CSB	135,000	2,028.3	67	Rural	
Mt. Rogers Community MH&MR Services Board	119,700	2,201.4	54	Rural	
New River Valley Community Services	165,000	1,458.0	113	Rural	
Norfolk Community Services Board	233,900	53.8	4,348	Urban	
Northwestern Community Services	197,500	1,637.5	121	Rural	
Piedmont Community Services	138,700	1,568.7	88	Rural	
Planning District One Behavioral Health Services	93,100	1,384.5	67	Rural	
Portsmouth Dept. of Behavioral Healthcare Services	97,900	33.1	2,958	Urban	
Prince William County Community Services Board	377,900	350.2	1,079	Urban	
Rappahannock Area Community Services Board	279,100	1,394.0	200	Urban	
Rappahannock-Rapidan Community Services Board	145,200	1,961.3	74	Rural	
Region Ten Community Services Board	209,400	2,147.0	98	Rural	
Richmond Behavioral Health Authority	193,900	60.1	3,226	Urban	
Rockbridge Area Community Services Board	39,000	1,140.9	34	Rural	
Southside Community Services Board	87,000	2,009.5	43	Rural	
Valley Community Services Board	111,400	1,421.4	78	Rural	
Virginia Beach Department of MH/MR/SAS	428,200	248.3	1,725	Urban	
Western Tidewater Community Services Board	129,100	1,324.0	98	Rural	
TOTALS	7,364,100	39,598.4	186	NA	

7.

06-01-2005

Community Services Board Region Populations 2003 Final Estimates, Weldon Cooper Center at UVA (official state population figures)					
Region	Population	Area	Density	U/R	
Northwestern Virginia (HPR 1)	1,093,800	10,570.9	103	Rural	
Northern Virginia (HPR 2)	1,967,600	1,315.1	1,496	Urban	
Southwestern Virginia (HPR 3)	1,302,100	13,792.4	94	Rural	
Central Virginia (HPR 4)	1,255,800	8,837.1	142	Rural	
Eastern Virginia (HPR 5)	1,744,800	5,082.9	343	Urban	
TOTALS	7,364,100	39,598.4	186	NA	

The preceding table displays the population, geographical area, population density, and urban or rural classification of the five health planning regions (HPRs) in Virginia. Each CSB's HPR identification is contained in the CSB Address List, mentioned at the bottom of page 3, and is listed in the table on page 5. The following table groups CSBs by population size (small, medium, or large).

Classification of Community Services Boards by Population Size						
Community Services Board	Community Services Board Populations (2003 Final Estimates): 7,364,100 total					
13 Large Population Communi	ty Services	Boards [200,000 + people]: 4,364,900 to	total			
Community Services Board	Population	Community Services Board	Population			
Blue Ridge Behavioral Healthcare	241,400	Loudoun County CSB	224,500			
Central Virginia Community Services		Norfolk CSB	233,900			
Chesapeake CSB	206,600	Prince William County CSB	377,900			
Chesterfield CSB	275,400	Rappahannock Area CSB	279,100			
Fairfax-Falls Church CSB	1,037,400	Region Ten CSB	209,400			
Hampton-Newport News CSB	324,900	Virginia Beach Dept. of MH/MR/SAS	428,200			
Henrico Area MH&R Services	296,100					
15 Medium Population Community	Services B	oards [100,000 - 200,000 people]: 2,190	,000 total			
Alexandria CSB	134,100	New River Valley Community Services	165,000			
Arlington CSB	193,700	Northwestern Community Services	197,500			
Colonial Services	137,700	Piedmont Community Services	138,700			
Danville-Pittsylvania Comm. Services	107,700	Rappahannock-Rapidan CSB	145,200			
District 19 CSB	169,100	Richmond Behavioral Health Authority	193,900			
Harrisonburg-Rockingham CSB	112,200	Valley CSB	111,400			
Middle Peninsula-Northern Neck CSB	135,000	Western Tidewater CSB	129,100			
Mt. Rogers MH&MR Services Board	119,700					
12 Small Population Community S	Services Bo	oards [Less than 100,000 people]: 809,20	00 total			
Alleghany Highlands Comm. Services	23,000	Hanover County CSB	92,800			
Crossroads Services Board	98,300	Highlands Community Services	68,500			
Cumberland Mountain Comm. Services	98,700	Planning District One BH Services	93,100			
Dickenson County Behavioral Health	16,200	Portsmouth DBHS	97,900			
Eastern Shore Community Services	51,500	Rockbridge Area CSB	39,000			
Goochland-Powhatan Comm. Services	43,200	Southside CSB	87,000			

Introduction

Community services boards (CSBs) can be classified or categorized in several ways: number of cities and counties served, total budget size, urban or rural population density, and the CSB's relationship to its local government or governments. In this overview, community services board or CSB will mean community services board, behavioral health authority, and local government department with a policy-advisory CSB, unless the context clearly indicates otherwise.

A. Number of Localities Served: Since 1968, the 134 local governments (cities or counties) in Virginia have established 40 CSBs.

Eleven CSBs serve one city or county: Alexandria, Arlington, Chesapeake, Chesterfield, Dickenson County, Hanover County, Loudoun County, Norfolk, Portsmouth, Richmond, and Virginia Beach

Seven CSBs serve two localities: Alleghany Highlands, Danville-Pittsylvania, Eastern Shore, Goochland-Powhatan, Hampton-Newport News, Harrisonburg-Rockingham, and Highlands

Five CSBs serve three localities: Cumberland Mountain, Fairfax-Falls Church, Henrico Area, Prince William County, and Southside

Six CSBs serve four localities: Colonial, Piedmont, Planning District One, Rockbridge Area, Valley, and Western Tidewater

Four CSBs serve five localities: New River Valley, Rappahannock Area, Rappahannock-Rapidan, and Blue Ridge

Four CSBs serve six localities: Central Virginia, Mount Rogers, Northwestern, and Region Ten

One CSB serves seven counties: Crossroads
One CSB serves nine localities: District 19

One CSB serves ten counties: Middle Peninsula-Northern Neck

Historically, distinctions were made among CSBs based on the number of jurisdictions that they served. For instance, CSBs that served a single jurisdiction, referred to as single jurisdiction CSBs, were classified differently for some purposes than CSBs that served more than one city or county, referred to as multi-jurisdictional CSBs. For example, the Department interacted differently with single jurisdiction and multi-jurisdictional CSBs in conducting its Financial Management reviews of them.

In 1998, the General Assembly revised the statute to define three types of CSBs in § 37.2-100 (§37.1-194.1) of the *Code of Virginia*. Then, this first classification, based on number jurisdictions served, became largely irrelevant, except as a measure of how complex local government relationships might be for a particular CSB. The remaining classification categories in this overview (total budget size, population density, and relationship with local government) are much more meaningful bases on which to classify or categorize CSBs, for instance for analytical or comparative purposes. Finally, information about CSB staffing is contained at the end of this section (Community Services Boards Classifications) of the overview.

B. Total Community Services Board Budget

The total budget of a CSB is at least an indirect indication of its workload, organizational complexity, and size. The 40 CSBs are ranked in the following table based on their total budget sizes in millions of dollars. The total budget figures in the table include state, local matching, and federal funds; fee revenues, including Medicaid; and other miscellaneous revenues. Budget size is based on total revenues shown in Fiscal Year (FY) 2004 fourth quarter performance contract reports, excluding any one-time grants. The total amount of all revenues in all CSB budgets in FY 2004, the latest year for which information is available, was \$661.74 million.

	FY 2004 Community Services Boards Total Budgets (Revenues)						
Rank	CSB	Amount	Rank	CSB	Amount		
	Large Budget (\$19 Million Plus) Community Services Boards (10CSBs)						
7	Alexandria CSB	22.43	2	Hampton-Newport News CSB	38.58		
8	Blue Ridge Behavioral Healthcare	20.79	4	Henrico Area MH&R Services	23.61		
6	Central Virginia Community Services	22.46	9	Region Ten CSB	19.84		
5	Chesterfield CSB	23.43	3	Richmond BHA	27.39		
1	Fairfax-Falls Church CSB	116.22	10	Virginia Beach MH/MR/SAS	19.59		
	Medium Budget (\$9 to \$19 Mill	lion) Co	mmun	ity Services Boards (19 CSBs)			
13	Arlington CSB	17.80	20	New River Valley Com. Services	13.51		
22	Chesapeake CSB	12.02	12	Norfolk CSB	18.12		
27	Colonial Services	9.72	28	Northwestern Comm. Services	9.54		
25	Crossroads Services Board	10.94	23	Piedmont Community Services	11.64		
19	Cumberland Mountain Com. Services	13.77	11	Prince William County CSB	18.64		
29	Danville-Pittsylvania Com. Services	9.36	16	Rappahannock Area CSB	15.65		
17	District 19 CSB	14.43	26	Rappahannock-Rapidan CSB	10.41		
14	Loudoun County CSB	17.18	18	Valley CSB	13.98		
24	Middle Peninsula-Northern Neck CSB	11.38	21	Western Tidewater CSB	12.35		
15	Mount Rogers Community MH&MR	16.73					
	Small Budget (Less Than \$9 Mi	llion) Co	ommu	nity Services Boards (11CSBs)			
39	Alleghany Highlands Comm. Services	4.27	31	Highlands Community Services	8.30		
40	Dickenson County Behavioral Health	2.05	32	Planning District One BHS	8.04		
35	Eastern Shore Community Services	6.58	30	Portsmouth DBHS	8.67		
38	Goochland-Powhatan Comm Services	4.40	37	Rockbridge Area CSB	5.86		
33	Hanover County CSB	7.93	34	Southside CSB	7.87		
36	Harrisonburg-Rockingham CSB	6.24					

The following table combines information from the population size table near the beginning of this overview and the total budget table on the preceding page to categorize CSBs by population size and total budget size.

Combin	Combined Community Services Board Characteristics: Population and Budget Size						
	Small Population Less Than 100,000 (12 CSBs)	Medium Population 100,000 to 200,000 (15 CSBs)	Large Population More Than 200,000 (13 CSBs)				
Large Budget (10 CSBs)		Alexandria, Richmond BHA	Blue Ridge Central Virginia Chesterfield Fairfax-Falls Church Hampton-Newport News Henrico Area Region Ten Virginia Beach				
Medium Budget (19 CSBs)	Crossroads Cumberland Mountain	Arlington Colonial Danville-Pittsylvania District 19 Middle Peninsula-Northern Neck Mount Rogers New River Valley Northwestern Piedmont Rappahannock-Rapidan Valley Western Tidewater	Chesapeake				
Small Budget (11 CSBs)	Alleghany Highlands Dickenson County Eastern Shore Goochland-Powhatan Hanover County Highlands Planning District One Portsmouth DBHS Rockbridge Area Southside	Harrisonburg-Rockingham					

Budget Size is based on FY 2004 fourth quarter performance contract reports: Large = \$19 million plus; Medium = \$9 million to \$19 million; Small = less than \$9 million

Population Size: Large = more than 200,000; Medium = 100,000 to 200,000; Small = less than 100,000 people. Population statistics are based on the 2003 Final Estimates, Weldon Cooper Center For Public Service at the University of Virginia (official state population figures).

C. Population Density: Urban and Rural CSB Service Areas

CSBs with population densities of 150 people or more per square mile are classified as urban; CSBs with less than 150 people per square mile are categorized as rural. The 40 CSBs are listed alphabetically in the urban and rural sections of the following table. The number preceding the CSB's name is its population density ranking (in descending order from the densest). The figure in parentheses after the CSB's name is its total population ranking (in descending order from the largest population), based on the 2003 Final Estimates, from the Weldon Cooper Center for Public Service at the University of Virginia (the official state population figures).

Community Services Board Catchment Area Population Density					
Rank CSB	Density	Ra	nk CSB	Density	
Urban Community Services Board	ds (17): 15	50 oı	r More People per Square M	ile	
1 Alexandria (23)	8,765	13	Henrico Area (5)	470	
2 Arlington (16)	7,479	14	Loudoun County (11)	432	
15 Blue Ridge (8)	204	3	Norfolk (9)	4,348	
11 Chesapeake (13)	606	5	Portsmouth (31)	2,958	
10 Chesterfield (7)	647	9	Prince William County (3)	1,079	
12 Colonial (21)	505	16	Rappahannock Area (6)	200	
7 Fairfax-Falls Church (1)	2,569	4	Richmond (15)	3,226	
6 Hampton-Newport News (4)	2,705	8	Virginia Beach (2)	1,725	
17 Hanover County (33)	196				
Rural Community Services Boards	s (23): Les	ss Tl	han 150 People per Square M	Iile	
36 Alleghany Highlands (39)	51	35	Mount Rogers (25)	54	
22 Central Virginia (10)	108	21	New River Valley (18)	113	
39 Crossroads (30)	36	20	Northwestern (14)	121	
34 Cumberland Mountain (29)	66	27	Piedmont (20)	88	
23 Danville-Pittsylvania (28)	106	33	Planning District One (32)	67	
37 Dickenson County (40)	49	31	Rappahannock-Rapidan (19)	74	
26 District 19 (17)	88	24	Region Ten (12)	98	
29 Eastern Shore (36)	78	40	Rockbridge Area (38)	34	
28 Goochland-Powhatan (37)	79	38	Southside (34)	43	
18 Harrisonburg-Rockingham (26)	129	30	Valley (27)	78	
19 Highlands (35)	119	25	Western Tidewater (24)	98	
32 Middle Peninsula-Northern Neck (22)	67				

The table on the next page categorizes CSBs by the combined characteristics of budget size, population density, population size, and type of CSB (operating CSB, administrative policy CSB, local government department with a policy-advisory CSB, or behavioral health authority).

Combined Characteristics of Community Services Boards					
Budget Size, Population Density, and Population Size	Operating CSBs (28) Behavioral Health Authority (1)	Administrative Policy CSBs (10) Local Government Department with Policy Advisory CSB (1)			
Large Budget, Urban, Large Population (6)	Blue Ridge Hampton-Newport News	Chesterfield, Fairfax-Falls Church, Henrico Area, Virginia Beach			
Large Budget, Urban, Medium Population (2)	Richmond BHA	Alexandria			
Large Budget, Rural, Large Population (2)	Central Virginia, Region Ten				
Medium Budget, Urban, Large Population (5) Medium Budget, Urban,	Norfolk, Rappahannock Area Colonial	Chesapeake, Loudoun County, Prince William County Arlington,			
Medium Population (2)	D '11 D'11 1 ' D'11 10				
Medium Budget, Rural, Medium Population (10)	Danville-Pittsylvania, District 19, Middle Peninsula-Northern Neck, Mount Rogers, New River Valley, Northwestern, Piedmont, Rappahannock-Rapidan, Valley, Western Tidewater				
Medium Budget, Rural, Small Population (2)	Crossroads, Cumberland Mountain				
Small Budget, Urban, Small Population (2)		Hanover County, Portsmouth DBHS			
Small Budget, Rural, Medium Population (1)	Harrisonburg-Rockingham				
Small Budget, Rural, Small Population (8)	Alleghany Highlands, Dickenson County, Eastern Shore, Goochland-Powhatan, Highlands, Planning District One, Rockbridge Area, Southside				
TOTAL CSBs	29	11			

Budget Size is based on FY 2004 fourth quarter performance contract reports: Large = \$19 million plus; Medium = \$9 million to \$19 million; Small = less than \$9 million

Population Density: Urban = 150 people or more per square mile; Rural = less than 150 people per square mile. Population statistics are based on the 2003 Final Estimates, Weldon Cooper Center for Public Service at the University of Virginia (official state population figures)

Population Size: Large = more than 200,000; Medium = 100,000 to 200,000; Small = less than 100,000 people.

D. Community Services Board Relationship with Local Government: Types of CSBs

A meaningful classification of community services boards is the relationship between a CSB and its local government or governments. While CSBs are agents of the local governments that established them, most CSBs are not city or county government departments. Section 37.2-100 (§ 37.1-194.1) of the *Code of Virginia* defines three types of CSBs. Chapter 6 of Title 37.2 (Chapter 15 of Title 37.1) of the *Code* authorizes BHAs to provide community services.

Operating community services board or operating board means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 (Chapter 10 of Title 37.1) of the Code of Virginia that is appointed by and accountable to the governing body of each city and county that established it for the direct provision of mental health, mental retardation, and substance abuse services. The operating CSB or operating board denotes the board, the members of which are appointed pursuant to § 37.2-501 (§ 37.1-195) with the powers and duties enumerated in §§ 37.2-504 A and -505 (§§ 37.1-197 and -197.1) of the Code of Virginia. Operating CSB or operating board also includes the organization that provides such services, through its own staff or through contracts with other organizations and providers. The 28 operating CSBs employ their own staff and are not city or county government departments.

Administrative policy community services board or administrative policy board means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 (Chapter 10 of Title 37.1) of the Code of Virginia that is appointed by and accountable to the governing body of each city and county that established it to set policy for and administer the provision of mental health, mental retardation, and substance abuse services. The administrative policy CSB or administrative policy board denotes the board, the members of which are appointed pursuant to § 37.2-501 (§ 37.1-195) with the powers and duties enumerated in §§ 37.2-504 A and -505 (§§ 37.1-197 and -197.1) of the Code of Virginia. Mental health, mental retardation, and substance abuse services are provided through local government staff or through contracts with other organizations and providers. The 10 administrative policy CSBs do not employ their own staff. Seven administrative policy CSBs are city or county government departments; three administrative policy boards are not local government departments, but they use local government staff to provide services.

Policy-advisory community services board or policy-advisory board means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 (Chapter 10 of Title 37.1) of the Code of Virginia that is appointed by and accountable to the governing body of each city and county that established it to provide advice on policy matters to the local government department that provides mental health, mental retardation, and substance abuse services pursuant to §§ 37.2-504 A and -505 (§§ 37.1-197 and -197.1) of the Code of Virginia. The policy-advisory CSB or policy-advisory board denotes the board, the members of which are appointed pursuant to § 37.2-501 (§ 37.1-195) with the powers and duties enumerated in § 37.2-504 B (§ 37.1-197) of the Code of Virginia. The policy-advisory board has no operational powers or duties; it is an advisory board to the local government department. There is one local government department with a policy-advisory CSB, the Portsmouth Department of Behavioral Healthcare Services.

Behavioral health authority (BHA) or **authority** means a public body and a body corporate and politic organized in accordance with the provisions of Chapter 6 of Title 37.2 (Chapter 15 of Title 37.1) of the *Code of Virginia* that is appointed by and accountable to the governing body of the city or county that established it for the provision of mental health, mental retardation, and substance abuse services. BHA or authority also includes the organization that provides such services through its own staff or through contracts with other organizations and providers. Chapter 6 authorizes Chesterfield, Richmond, and Virginia Beach to establish an authority; a BHA now exists only in Richmond. A BHA most closely resembles an operating CSB, but it has several powers or duties, listed in § 37.2-605 (§ 37.1-248), that are not given to CSBs.

Section 37.2-500 (§37.1-194) of the *Code of Virginia* requires each city and county to designate the type of CSB that it has already established. This requirement was effective on July 1, 1998. The following table shows the designation status for each CSB.

Community Services Board Designation Status						
Name of CSB	Туре	Name of CSB	Type			
Alexandria ¹	Admin Policy	Highlands	Operating			
Alleghany Highlands	Operating	Loudoun County ¹	Admin Policy			
Arlington ¹	Admin Policy	Middle Peninsula-Northern Neck	Operating			
Blue Ridge	Operating	Mount Rogers	Operating			
Central Virginia	Operating	New River Valley	Operating			
Chesapeake ¹	Admin Policy	Norfolk	Operating			
Chesterfield ¹	Admin Policy	Northwestern	Operating			
Colonial	Operating	Piedmont	Operating			
Crossroads	Operating	Planning District One	Operating			
Cumberland Mountain	Operating	Portsmouth DBHS ¹	LG Dept. ²			
Danville-Pittsylvania	Operating	Prince William County	Admin Policy			
Dickenson County	Operating	Rappahannock Area	Operating			
District 19	Operating	Rappahannock-Rapidan	Operating			
Eastern Shore	Operating	Region Ten	Operating			
Fairfax-Falls Church	Admin Policy	Richmond BHA	BHA			
Goochland-Powhatan	Operating	Rockbridge Area	Operating			
Hampton-Newport News	Operating	Southside	Operating			
Hanover County	Admin Policy	Valley	Operating			
Harrisonburg-Rockingham	Operating	Virginia Beach ¹	Admin Policy			
Henrico Area ¹	Admin Policy	Western Tidewater	Operating			

¹ Actual city or county government department (7 CSBs and the Portsmouth DBHS)

There are:

28 operating CSBs

10 administrative policy CSBs

- 1 local government department with a policy-advisory CSB
- 1 behavioral health authority

² The only local government department with a policy-advisory CSB

E. Community Services Board Staffing

The ten administrative policy CSBs and the one local government department with a policy-advisory CSB (Portsmouth) use local government staff to deliver services. The staff in directly-operated programs of these CSBs are employees of those local governments. Seven single jurisdiction CSBs and one multi-jurisdictional CSB (Henrico Area) operate as city or county government departments. These CSBs are:

Alexandria Henrico Area
Arlington Loudoun County
Chesapeake Portsmouth DBHS
Chesterfield Virginia Beach

One single jurisdiction administrative policy CSB (Hanover County) and two multi-jurisdictional administrative policy CSBs (Fairfax-Falls Church and Prince William County) use local government employees to deliver services, but these CSBs are not city or county government departments.

Staff of the 28 operating community services boards are employees of those CSBs, and staff of the Richmond Behavioral Health Authority (RBHA) are employees of the RBHA.

The numbers of full-time equivalents (FTEs) by program area (mental health, mental retardation, and substance abuse) and for administration are listed below for programs that are operated directly by CSBs. A full-time equivalent is not the same thing as a position. For example, a part-time position that is staffed for 20 hours per week is one position; but it is a one-half FTE. Thus, the number of FTEs in an organization will usually be less than the number of positions; but the number of FTEs is a more accurate indicator of the personnel resources available to deliver services or provide administrative support for those services.

FY 2	FY 2004 Community Services Board Staffing										
Program Area	Consumer Service FTEs	Support Staff FTEs	Total FTEs	Percent							
Mental Health	3,216.80	855.26	4,072.06	33.22							
Mental Retardation	4,927.32	605.99	5,533.31	45.13							
Substance Abuse	1,317.06	368.82	1,685.88	13.75							
Administration	0.00	968.77	968.77	7.90							
Total FTEs	9,461.18	2,798.84	12,260.02	100.00							
Percent	77.17	22.83	100.00								

SOURCE: FY 2004 final community services performance contracts

A. Community Services Board (CSB) Board Composition

The board of directors of each CSB consists of six to 18 members, appointed by the city councils or county boards of supervisors that established it. Sections 37.2-501 and -502 (§§ 37.1-195 and 196) of the *Code of Virginia* govern CSB appointments; §§ 37.2-602 and -603 (§§ 37.1-245 and -246) govern behavioral health authority (BHA) appointments. Members are eligible for no more than three full three-year terms, exclusive of filling vacancies (partial terms). Appointments run from July 1 to June 30 or January 1 to December 31. Not all appointments are filled each year. Information about board member characteristics is displayed below and on the next three pages. This information is provided by CSBs in their performance contracts with the Department. All years in the following tables are fiscal years (July 1 through June 30), rather than calendar years.

	Filled and Vacant Board Appointments											
Year	1997 1998 1999 2000 2001 2002 2003 2004											
Filled	482	483	486	493	489	495	493	489				
Vacant	Vacant 18 30 25 20 24 22 24 30											
Total	500	513	511	513	513	517	517	519				

	Ages of Board Members										
Age	1	997	1998		1	1999	2000				
Range	No.	Percent	No.	Percent	No.	Percent	No.	Percent			
18-35	47	9.75	43	8.90	31	6.38	27	5.48			
36-64	351	72.82	365	75.57	364	74.90	362	73.43			
65 +	84	17.43	75	15.53	91	18.72	104	21.09			
Total	482	100.00	483	100.00	486	100.00	493	100.00			
	2	001	2	002	2003		2	2004			
18-35	33	6.75	24	4.85	24	4.87	27	5.52			
36-64	358	73.21	370	74.75	355	72.01	345	70.55			
65 +	98	20.04	101	20.40	114	23.12	117	23.93			
Total	489	100.00	495	100.00	493	100.00	489	100.00			

Races of Board Members										
		1997 1998 1999		2	2000					
Race	No.	Percent	No.	Percent	No.	Percent	No.	Percent		
Asian/Pacific Islander	2	.41	2	.41	2	.41	1	.20		
African American	88	18.26	93	19.26	98	20.16	92	18.66		
Caucasian & Other	392	81.33	388	80.33	386	79.43	400	81.14		
TOTAL	482	100.00	483	100.00	486	100.00	493	100.00		
Race		2001	,	2002		2003	2	2004		
Asian/Pacific Islander	2	.41	2	.41	2	.41	1	.20		
African American	99	20.24	91	18.38	90	18.26	91	18.61		
Caucasian & Other	388	79.35	402	81.21	401	81.33	397	81.19		
TOTAL	489	100.00	495	100.00	493	100.00	489	100.00		

	Genders of Board Members										
	1997		1	1998		1999		000			
Gender	No.	Percent	No.	Percent	No.	Percent	No.	Percent			
Female	240	49.79	247	51.14	253	52.06	259	52.54			
Male	242	50.21	236	48.86	233	47.94	234	47.46			
TOTAL	482	100.00	483	100.00	486	100.00	493	100.00			
Gender		2001	2	2002	,	2003	2	004			
Female	250	51.12	270	54.55	264	53.55	261	53.37			
Male	239	48.88	225	45.45	229	46.45	228	46.63			
TOTAL	489	100.00	495	100.00	493	100.00	489	100.00			

Section 37.2-501 (§ 37.1-195) and § 37.2-602 (§ 37.1-245) of the *Code of Virginia* require that appointments to CSBs or BHAs be broadly representative of the community. It further requires that one-third of the appointments be identified consumers or former consumers or family members of consumers or former consumers, at least one of whom shall be a consumer receiving services. These sections do not specify how or to whom consumers and family members are identified. Section 37.2-100 (§ 37.1-1) of the *Code of Virginia* defines consumer as a current direct recipient of public or private mental health, mental retardation, or substance abuse treatment or habilitation services. It defines family member as an immediate family member of the consumer or the principal caregiver of a consumer. A principal caregiver is defined as a person who acts in the place of an immediate family member, including other relatives and foster care providers, but does not have a proprietary interest in the care of the consumer.

Numbe	Numbers of Consumers and Family Members on Boards									
Percent means		1991]	1993]	1995	1996			
percent of total board members	No.	Percent	No.	Percent	No.	Percent	No.	Percent		
Consumers	2	.41	17	3.44	10	2.03	11	2.30		
Family Members	54	11.02	90	18.22	70	14.20	80	16.74		
Subtotal	56	11.43	107	21.66	80	16.23	91	19.04		
TOTAL Members	490	100.00	494	100.00	493	100.00	478	100.00		
		1997]	1998		1999		2000		
Consumers	15	3.11	20	4.14	47	9.67	40	8.11		
Family Members	96	19.92	96	19.87	118	24.28	144	29.21		
Subtotal	111	23.03	116	24.01	165	33.95	184	37.32		
TOTAL Members	482	100.00	483	100.00	486	100.00	493	100.00		
		2001	2	2002	2	2003		2004		
Consumers	47	9.61	39	7.88	36	7.30	42	8.59		
Family Members	121	24.74	140	28.28	145	29.41	139	28.42		
Subtotal	168	34.35	179	36.16	181	36.71	181	37.01		
TOTAL Members	489	100.00	495	100.00	493	100.00	489	100.00		

Numbers and	Perce	ents of Bo	ard N	Iembers 1	by Oc	cupation		
Occupation	1	997	1998		1	999	2000	
Occupation	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Businessmen/Women	134	25.62	136	26.15	122	21.98	138	23.67
Educators	70	13.38	67	12.88	85	15.32	77	13.21
Human Service Professionals	53	10.13	55	10.58	56	10.09	54	9.26
Homemakers	39	7.46	41	7.88	47	8.47	53	9.09
Medical Professionals	30	5.74	29	5.58	31	5.59	29	4.97
Lawyers	18	3.44	17	3.27	13	2.34	16	2.74
Elected Officials	29	5.55	28	5.38	39	7.03	42	7.21
Appointed Officials	22	4.21	20	3.85	18	3.24	18	3.09
Clergy	16	3.06	20	3.85	15	2.70	13	2.23
Clerical/Blue Collar	10	1.91	10	1.92	16	2.88	24	4.12
Retired	102	19.50	95	18.27	101	18.20	114	19.55
No Response/Vacancies	0	0	2	.39	12	2.16	5	0.86
TOTALS	523	100.00	520	100.00	555	100.00	583	100.00

Numbers and	Numbers and Percents of Board Members by Occupation										
Occupation	2	2001	2002		20	003	2004				
Occupation	No.	Percent	No.	Percent	No.	Percent	No.	Percent			
Businessmen/Women	122	22.14	129	22.13	121	20.72	107	19.04			
Educators	79	14.34	73	12.52	78	13.36	76	13.52			
Human Service Professionals	54	9.80	60	10.29	53	9.07	57	10.14			
Homemakers	45	8.17	48	8.23	50	8.56	37	6.58			
Medical Professionals	33	5.99	26	4.46	30	5.14	33	5.87			
Lawyers	14	2.54	15	2.57	18	3.08	19	3.38			
Sheriffs	5	.91	9	1.54	8	1.37	6	1.07			
Elected Officials	34	6.17	30	5.15	30	5.14	31	5.52			
Appointed Officials	18	3.27	18	3.09	25	4.28	24	4.27			
Clergy	15	2.72	12	2.06	17	2.91	16	2.85			
Clerical/Blue Collar	17	3.08	27	4.63	13	2.23	17	3.03			
Retired	101	18.33	128	21.96	129	22.09	121	21.53			
Non-Gov. Service Providers	6	1.09	6	1.03	8	1.37	13	2.31			
No Response/Vacancies	8	1.45	2	.34	4	.68	5	.89			
TOTALS	551	100.00	583	100.00	584	100.00	562	100.00			

Note: Figures reflect some duplication between elected or appointed officials and other categories.

The table on the next page shows the numbers of CSBs in terms of numbers of appointments. By far the most frequent board size is 15 members. Originally, that number represented the maximum number of individuals who could be appointed to a CSB. However, the statute has been amended several times, and the maximum board size is now 18 members.

	Numl	bers o	f Boa	rds W	ith Nu	ımbeı	rs of A	Appoi	ntme	nts		
No. of Board	1991	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Appointments					Nu	mber	of CS	SBs				
7	3	2	2	1	1	1	1	1	1	1	1	1
8	0	1	1	2	2	2	2	2	2	2	2	2
9	5	5	5	5	5	4	4	4	4	4	4	4
10	3	4	4	4	4	4	4	4	4	4	4	3
11	3	2	2	3	3	1	1	1	1	0	0	1
12	4	4	4	4	4	4	5	5	5	6	6	6
13	3	1	1	1	1	2	1	1	1	1	1	1
14	3	3	4	3	4	4	4	4	4	4	4	4
15	14	16	15	15	14	15	14	14	14	13	13	12
16	2	2	2	2	2	3	4	4	4	4	4	5
17	0	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	1	1	1

B. Relationships Between CSBs and the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (Department)

CSBs are agents of the local governments that established them; they are not part of the Department. The Department's relationships with all CSBs are based on the community services performance contract, applicable provisions in Title 37.2 (Title 37.1) of the *Code of Virginia*, and State Board policies and regulations. The Department:

- o contracts with CSBs for local mental health, mental retardation, and substance abuse services;
- licenses CSBs and other providers to deliver services:
- monitors the operations of CSBs, through performance contract reports, community consumer submission extracts, and various reviews;
- o provides funds, consultation, technical assistance, guidance, and direction to CSBs; and
- encourages and supports quality assurance activities conducted by CSBs.

While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's system of public mental health, mental retardation, and substance abuse services. The Central Office, State Facility, and CSB Partnership Agreement, available on the agency's web site at www.dmhmrsas.virginia.gov, describes this arrangement.

C. Community Services Board Responsibilities

Sections 37.2-500, -504, -505, -506, and -508 (§§ 37.1-197, -197.1, -197.2, and -198) of the *Code of Virginia* contain the following powers and duties of a CSB or a local government department with policy-advisory CSB. The powers and duties of a behavioral health authority (BHA), contained in §§ 37.2-605, -606, and -607 (§ 37.1-248), are the same or very similar to those of an operating CSB, except a BHA has several additional powers and duties.

1. Function as the single point of entry into publicly funded mental health, mental retardation, and substance abuse services in order to provide comprehensive mental health, mental retardation, and substance abuse services within a continuum of care.

- 2. Review and evaluate public and private community mental health, mental retardation, and substance abuse services and facilities that receive funds from the CSB and advise the local governing body of each city or county that established the CSB as to its findings.
- 3. Submit to the governing body of each county or city that established it an annual performance contract for community mental health, mental retardation, and substance abuse services for its approval prior to submission of the contract to the Department.
- 4. Within amounts appropriated for this purpose, provide services authorized under the performance contract.
- 5. In accordance with its approved performance contract, enter into contracts with other providers for the delivery of services or operation of facilities.
- 6. In the case of operating and administrative policy CSBs, make policies or regulations concerning the delivery of services and operation of facilities under its direction or supervision, subject to applicable policies and regulations adopted by the State Board.
- 7. For an operating CSB, appoint an executive director who meets the minimum qualifications established by the Department and prescribe his duties. The executive director shall serve at the pleasure of the board and be employed under an annually renewal contract that contains performance objectives and evaluation criteria. In the case of an administrative policy CSB, participate with local government in the appointment and annual performance evaluation of an executive director who meets the minimum qualifications established by the Department and prescribe his duties. For a local government department with a policy-advisory CSB, the local government department director shall serve as the executive director. The policy-advisory CSB shall participate in the selection and annual performance evaluation of the executive director who meets the minimum qualifications established by the Department.
- 8. Institute a reimbursement system to maximize the collection of fees from persons receiving services under its jurisdiction or supervision and from responsible third party payors. All fees collected shall be included in the performance contract and used only for community mental health, mental retardation, and substance abuse purposes.
- 9. Accept gifts, donations, bequests, or grants of money or property from any source and use them as authorized by the governing body of each city or county that established it.
- 10. Seek and accept funds through federal grants. In accepting grants, the CSB shall not bind the governing body of any county or city that established it to any expenditures or conditions of acceptance without the prior approval of the governing body.
- 11. Disburse funds appropriated to it in accordance with such regulations as may be established by the governing body of each city or county that established the CSB.
- 12. Apply for and accept loans as authorized by the governing body of each county or city that established the CSB.
- 13. Develop joint written agreements, consistent with policies adopted by the State Board, with local school divisions; health departments; boards of social services; housing agencies, where they exist; courts; sheriffs; area agencies on aging; and regional Department of Rehabilitative Services offices. The agreements shall specify the services to be provided to consumers. All participating agencies shall develop and implement the agreements and shall review the agreements annually.

- 14. Develop and submit to the Department information needed to prepare the Comprehensive State Plan for mental health, mental retardation, and substance abuse services.
- 15. Take all necessary and appropriate actions to maximize the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, and evaluation.
- 16. Institute, singly or in combination with other CSBs or BHAs, a dispute resolution mechanism that is approved by the Department and enables consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the CSB or BHA.
- 17. Release data and information about individual consumers to the Department so long as the Department implements procedures to protect the confidentiality of that data and information
- 18. In the case of operating boards, have authority to receive state and federal funds directly from the Department and act as its own fiscal agent, when authorized to do so by the governing body of each city or county that established it.
- 19. Provide preadmission screening services prior to admission to a state hospital for any person who requires emergency mental health services while in a city or county served by the CSB.
- 20. Provide, in consultation with the appropriate state hospital or training center, discharge planning for any person who, prior to admission, resided in a city or county served by the CSB or chooses to reside after discharge in a county or city served by the CSB. The plan shall include the mental health, mental retardation, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the consumer will need upon discharge. The plan shall identify the public or private agencies that have agreed to provide these services. No person shall be discharged from a state hospital or training center without completion of a discharge plan by the CSB.
- 21. Submit an annual performance contract to the Department.
- 22. Conduct a criminal background check and obtain a search of the registry of founded complaints of child abuse and neglect on any applicant who accepts employment in any direct consumer care position with the CSB.
- 23. Assure the human rights, enumerated in § 37.2-400 (§ 37.1-84.1) of the *Code of Virginia* and the Human Rights Regulations adopted by the State Board, of consumers in the CSB's services and comply with other provisions of those regulations.
- 24. Satisfy the applicable licensing regulations, adopted under § 37.2-403 (§ 37.1-179) et seq. of the *Code of Virginia*, for services that the CSB operates.

D. Community Services Board Roles

Inherent in the enabling legislation is the concept of a community services board, including its board of directors, as an accountable service provider. A CSB is accountable to the consumers that it serves and their families, its local government(s), communities in its service area, the Department, the State Board, the Department of Medical Assistance Services, the General Assembly, and various federal funding sources. A CSB provides three kinds of accountability.

- 1. **Organizational:** The CSB must structure and manage its internal organization so that it can effectively discharge its statutory powers and duties.
- 2. **Financial:** The CSB must use public funds effectively and efficiently and expend those funds in accordance with accepted policies and procedures, fulfilling its fiduciary responsibilities.
- 3. **Programmatic:** The CSB must provide services and supports that are consumer-focused, individualized, accessible, effective, inclusive, responsive, reflective of evidence-based or best practices, and promote recovery, self-determination, empowerment, resilience, health, and the highest level of consumer participation in all aspects of community life including work, school, family, and other meaningful relationships.

A CSB fills several **complementary roles** to carry out its statutory powers and duties and to provide this accountability.

- A CSB, as the local agency responsible for providing public mental health, mental retardation, and substance abuse services, is a source of professional expertise and a channel for citizen concerns. It functions as an **advisor to local government** about unmet needs, current services, and future service trends and directions.
- A CSB helps the public understand the need for and meaning of treatment in the community. As an **educator**, a CSB must actively seek, facilitate, and value input from and participation by consumers, family members, other agencies, advocacy groups, and individual citizens.
- A CSB functions as a **community organizer** as it coordinates the development of needed services in the community. To do this, a CSB must work closely with public and private human services agencies, consumers, family members, and advocacy groups.
- A CSB is also a **community planner**, planning the development of services and facilities to meet identified needs and working with other groups and agencies to do this.
- CSB board members and staff act as **consultants** to the local professional community, providing information, evaluations, referrals, and assistance to and generating support among other professional groups and individuals.
- CSB board members and staff are **advocates** for the development and expansion of services, for individuals not receiving needed services, and for community acceptance of and support for consumers and the CSB's services.

Among these many responsibilities and roles, four define the essential nature of a CSB; others support or complement these four roles. Fundamentally, a community services board is:

- 1. the **single point of entry** into publicly funded mental health, mental retardation, and substance abuse services for its service area, including access to state hospital and training center services through preadmission screening, case management, and coordination of services;
- 2. a **provider** of services, directly and through contracts with other organizations and providers,
- 3. an advocate for consumers and services, and
- 4. the local **focal point of accountability and responsibility** for services and resources.

In Fiscal Year (FY) 2004, community services boards (CSBs) offered varying combinations of six core services, directly and through contracts with other organizations. Those services are emergency, local inpatient, outpatient and case management, day support, residential, and prevention and early intervention. Tables 1 through 5 on the following pages display detailed information about numbers of consumers served, static capacities (beds and slots) available, actual units of services provided, and some characteristics of consumers served in FY 2004, which started on July 1, 2003 and ended on June 30, 2004 and is the latest year for which such information is available. Services, beds and slots, units of service, and consumers are defined in the Core Services Taxonomy, issued by the Department and available on its web site at www.dmhmrsas.virginia.gov. All tables show actual data, derived from the fourth quarter (annual) community services performance contract reports submitted by all 40 CSBs.

The table below displays the trends by program area (mental health, mental retardation, and substance abuse services) in numbers of consumers served by CSBs since FY 1986. Consumers served are not unduplicated numbers of individuals in this table. Some consumers receive more than one type of service within a program area, and they sometimes receive services in more than one program area. Variations from year to year in the numbers of consumers served reflect several factors, including changing service definitions and occasional budget reductions. This situation is particularly apparent in FY 2001, when a new contract with many new reporting categories was introduced, producing some anomalous figures that probably artificially inflated the service delivery picture. This was corrected in the FY 2002 performance contract.

T	rends in Consum	ers Served by Commun	ity Services Boards	
Fiscal Year	Mental Health	Mental Retardation	Substance Abuse	Totals
1986	135,182	20,329	52,942	208,453
1988	161,033	22,828	80,138	263,999
1990	152,811	30,198	101,816	284,825
1991	161,536	28,493	103,288	293,317
1992	160,115	27,525	78,358	265,998
1993	158,363	27,610	80,359	266,332
1994	168,208	28,680	87,863	284,751
1995	177,320	29,141	88,471	294,932
1996	174,126	30,006	90,750	294,882
1997	179,607	30,655	90,430	300,692
1998	185,647	32,509	96,556	314,712
1999	178,279	33,087	93,436	304,802
2000	180,783	26,086	88,186	295,055
2001	178,420	33,238	102,037	313,695
2002	176,735	33,933	91,904	302,572
2003	180,110	34,103	86,979	301,102
2004	181,396	35,038	78,008	294,442

Table 1: FY 2004 Community Services Board Consumers Served by Core Service										
Program Area	Mental	Mental	Substance	Grand						
Core Service	Health	Retardation	Abuse	Totals						
Emergency Services	42,786		6,564	49,350						
Local Inpatient	1,830		1,235	3,065						
Community Hospital-Based SA Detox			932	932						
Total Local Inpatient Services	1,830		2,167	3,997						
Outpatient Services	72,823	141	39,423	112,387						
Intensive In-Home Services	2,408			2,408						
Motivational Treatment			492	492						
Case Management	43,537	15,147	12,325	71,009						
Assertive Community Treatment	486			486						
Methadone Detoxification			238	238						
Opioid Replacement Therapy			1,949	1,949						
Consumer Monitoring		1,073		1,073						
Total Outpatient & Case Management	119,254	16,361	54,427	190,042						
Day Treatment/Partial Hospitalization	439		1,781	2,220						
Therapeutic Day Treatment - C&A	1,381			1,381						
Rehabilitation Services	5,634	2,369		8,003						
Sheltered Employment Services	51	1,127		1,178						
Supported/Transitional Employment	2,312	1,184	6	3,502						
Supported Employment - Group Models	62	721		783						
Alternative Day Support Arrangements	198	569	33	800						
Total Day Support Services	10,077	5,970	1,820	17,867						
Highly Intensive Residential Services	294	84	4,233	4,611						
Intensive Residential Services	182	741	3,916	4,839						
Jail-Based Habilitation Services			1,780	1,780						
Supervised Residential Services	1,282	624	276	2,182						
Supportive Residential Services	4,874	1,314	927	7,115						
Family Support Services	122	2,166	14	2,302						
Total Residential Services	6,754	4,929	11,146	22,829						
Early Intervention Services	695	7,778	1,884	10,357						
Total Consumers Served ¹	181,396	35,038	78,008	294,442						
Total Unduplicated Consumers	109,175	23,925	53,854	186,954						

Consumers served are not unduplicated numbers of individuals. Some consumers receive more than one type of service and sometimes receive services in more than one program area (mental health, mental retardation, or substance abuse). Unduplicated numbers of consumers served in each program area are shown on the last line of Table 1. With the implementation in FY 2004 of the Community Consumer Submission (software that extracts individual consumer data from CSB information systems and transmits the encrypted data to the Department) a totally unduplicated count of consumers at the CSB across all program areas, rather than in each program area, is available for the first time. In FY 2004, 167,096 individuals received services from the CSBs.

Table 2: FY 2004 Community Ser	rvices Board	Static Capaci	ties by Core S	Service	
Program Area	Mental	Mental Mental		Grand	
Core Service	Health	Retardation	Abuse	TOTAL	
Local Inpatient	59.25		8.75	68.00	
Community Hospital-Based Detox			44.06	44.06	
Total Local Inpatient Services Beds	59.25		52.81	112.06	
Day Treatment/Partial Hospitalization	94.23		253.00	347.23	
Therapeutic Day Treatment - C&A	479.00			479.00	
Rehabilitation Services	2,326.00	1,847.45		4,173.45	
Sheltered Employment Services	22.00	953.80		975.80	
Supported Employment - Group Models	33.00	692.70		725.70	
Total Day Support Services Slots	2,954.23	3,493.95	253.00	6,701.18	
Highly Intensive Residential Services	48.00	79.00	142.67	269.67	
Intensive Residential Services	145.97	727.00	609.87	1,482.84	
Jail-Based Habilitation Services			400.00	400.00	
Supervised Residential Services	778.00	499.02	124.28	1,401.30	
Total Residential Services Beds	971.97	1,305.02	1,276.82	3,553.81	

Decimal fractions of beds and slots result from calculating these capacities for contracted services, where a CSB purchases a number of bed days or days of service, which must be converted to numbers of beds or day support slots. For example, 183 bed days of purchased local inpatient services equal one half (.5) of a bed.

Slots means the maximum number of distinct consumers who could be served during a day or a half-day session in most day support programs. It is the number of slots for which the program or service is staffed. For example, in rehabilitation programs, the number of slots is not the total number of members in the whole program, it is the number of members who can be served at the same time during a session.

Beds means the total number of beds for which the facility or program is licensed and staffed or the number of beds contracted for during the contract period.

Provider service hours (used on the next page in Table 3) measure the amount of staff effort related to the provision of services. Provider service hours are hours that are available from all staff who provide direct and consumer-related services to consumers. For staff with multiple responsibilities, such as program managers who provide some consumer services, only the portion of time actually available for those services is counted. For example, if a mental health director serves consumers during 20 percent of the work week, that time should be included in provider service hour calculations as a .2 FTE

Table 3: FY 2004 Community Services Board Services Provided by Core Service								
Program Area	Mental	Mental	Substance	Grand				
Core Service/Unit of Service	Health	Retardation	Abuse	Totals				
Emergency Provider Service Hours	347,708		44,795	392,503				
Local Inpatient	13,052		1,631	14,683				
Community Hospital-Based Detox			4,627	4,627				
Total Local Inpatient Bed Days	13,052		6,258	19,310				
Outpatient Services	829,026	1,310	528,014	1,358,350				
Intensive In-Home Services	254,693			254,693				
Motivational Treatment			1,272					
Case Management	964,212	525,389	147,572	1,637,173				
Assertive Community Treatment	70,470			70,470				
Methadone Detoxification			22,910					
Opioid Replacement Therapy			91,557	91,557				
Consumer Monitoring	1,804	5,508		7,312				
Total Outpatient and Case Management								
Provider Service Hours	2,120,205	532,207		3,443,737				
Day Treatment/Partial Hospitalization	85,720		267,994					
Therapeutic Day Treatment - C&A	354,669			354,669				
Rehabilitation Services	2,704,037	2,193,107		4,897,144				
Total Day Support Hours	3,144,426	2,193,107		5,605,527				
Sheltered Employment Services	4,766	183,207		187,973				
Supported Employment - Group Models	6,000	132,489		138,489				
Total Day Support Days of Service	10,766	315,696		326,462				
Supported/Transitional Employment	23,619	77,906	40	101,565				
Alternative Day Support Arrangements	8,150	52,038	3,094	63,282				
Total Day Support Provider Service Hours	31,769	129,944	3,134	164,847				
Highly Intensive Residential Services	19,144	25,604	38,744	83,492				
Intensive Residential Services	43,695	391,993	174,653	610,341				
Jail-Based Habilitation Services			150,214	150,214				
Supervised Residential Services	252,357	171,106	33,678	457,141				
Total Residential Bed Days	315,196	588,703	397,289	1,301,188				
Supportive Residential Services	497,927	888,367	18,869	1,405,163				
Total Residential Provider Service Hours	497,927	888,367	18,869	1,405,163				
Prevention Services	32,038	5,743	278,833	316,614				
Early Intervention Services	32,258	254,434	36,037	322,729				
Total Prevention & Early Intervention								
Provider Service Hours	64,296	260,177	314,870	639,343				

Table 4: FY 2004 Unduplicated Numbers of Consumers Served									
by Age and Gender by Program Area									
	Mental	Health S	Services	Mental Retardation Services			Substance Abuse Services		
Age	Male	Female	Unknown	Male	Female	Unknown	Male	Female	Unknown
0-2	453	335	25	4,848	3,013	10	106	78	4
3-12	7,201	3,908	28	1,161	652	3	693	395	2
13-17	6,407	5,799	21	755	470	1	4,906	2,832	13
18-22	4,476	3,752	23	1,145	810	4	4,959	1,981	13
23-59	31,364	35,274	182	5,458	4,608	12	24,031	12,715	90
60-64	1,287	2,026	10	186	225	0	319	103	0
65-74	1,230	2,218	10	188	201	0	186	93	0
75+	759	1,546	10	48	52	0	71	23	7
Unknown	267	292	272	22	18	35	81	53	100
Subtotal	53,444	55,150	581	13,811	10,049	65	35,352	18,273	229
Total	109,175			23,925			53,854		
CSB Total	186,954								

Table 5: FY 2004 Unduplicated Numbers of Consumers Served by Race and Gender by Program Area									
	Mental Health Services			Mental Retardation Services			Substance Abuse Services		
Race	Male	Female	Unknown	Male	Female	Unknown	Male	Female	Unknown
Alaskan	25	28	0	8	8	0	17	15	0
Asian	624	734	2	279	214	0	340	119	0
Black	15,790	14,777	17	3,724	2,756	6	11,829	5,877	9
Indian	178	174	0	18	20	0	126	62	1
Other	2,241	2,370	4	797	492	2	2,400	683	0
White	33,292	35,692	49	8,604	6,329	4	19,936	11,213	15
Unknown	321	366	18	110	59	0	274	101	7
Not Coll.	1,093	1,111	269	298	179	18	464	254	112
Subtotal	53,564	55,252	359	13,838	10,057	30	35,386	18,324	144
Total	109,175 23,925			53,854					
CSB Total	186,954								

With the implementation of the Community Consumer Submission in FY 2004, a totally unduplicated count of consumers at the CSB across **all program areas**, rather than in each program area, is available for the first time. In FY 2004, 167,096 individuals received services from the CSBs. The difference between that figure and the sum of the unduplicated number of consumers in each program area, shown in the tables above gives some indication of the numbers of consumers who may be receiving services in more than one program area: 19,858 individuals in FY 2004.